

**State of Rhode Island
Before the State Labor Relations Board**

In the Matter of

(Respondent)

-and-

Case No. _____

**UNFAIR LABOR
PRACTICE CHARGE**

(Complainant)

INSTRUCTIONS: Answer all applicable questions. Failure to provide information may result in dismissal of charge. File a **signed original and two (2) copies** of this form with the Board.

Name of Employer: _____

Principal Place of Business (Address) _____

(Phone)

(Fax)

Labor Relations Representative (if known)

2. Name of Employee Organization: _____

Principal Place of Business (Address) _____

(Phone)

(Fax)

3. Circle one: This charge is filed against an **EMPLOYER** or an **EMPLOYEE ORGANIZATION**.

4. State the applicable section or sections of the Act which are alleged to be violated. **Failure to specify appropriate subsection(s) may result in dismissal of charge.**

The above named **Employer** has engaged or is engaging in Unfair Labor Practice(s) within the meaning of RIGL 28-7-13 Subsection(s) _____.

OR

The above named **Employee Organization** has engaged or is engaging in Unfair Labor Practice(s) within the meaning of RIGL 28-7-13.1 Subsection(s) _____.

5. Summary of basis of charge. **Be specific as to names, dates, addresses, etc.** (attach additional sheets, if necessary.)

6. Without limiting your rights to later amend your remedial request, please explain what remedy you seek.

7. Charge is being filed by or on behalf of (check one):

☐ Individual

☐ Employee Organization

☐ Employer

If 'Individual' box is checked and the person is represented by a labor organization, in accordance with the Board's Rules and Regulations, Section 9.01.1: The Complainant "shall attach to the charge an affidavit which attests to the labor organization's refusal to file."

COMPLAINANT: _____ Date: _____

Signature

Print name & title: _____

Address _____

Phone _____ Fax _____